

# ***Can Poetry Improve the Clinician-Patient Relationship?***

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## **I. INTRODUCTION**

## **II. OBJECTIVES**

- A. Understand the rationale for using imaginative literature/creative writing as tools for professional development**
- B. Understand how literature and writing can increase clinician empathy for patients' experiences and clinician experiences**
- C. Demonstrate how literature-based approaches can help change our attitudes towards patients and can even help us develop new problem-solving strategies for dealing with difficult clinician-patient encounters**

## **III. THE IMPORTANCE OF PATIENT STORIES**

- A. Human beings think narratively**
- B. Illness disrupts our expected life narratives**
- C. Stories have therapeutic power to heal**

## **IV. TWO MODES OF THINKING: LOGICO-SCIENTIFIC AND NARRATIVE.**

- A. Both scientific and narrative thinking are useful for achieving certain ends, but they differ in important ways from each other.**
- B. Narrative emphasizes the primacy of storytelling in the way we construct and make sense of our experience.**

## **V. HOW CAN WE UNDERSTAND THE PATIENT'S REALITY?**

- A. Logico-scientific – Particulars of personal experience are eliminated in favor of abstractions, generalizations, systems of classification and diagnosis**
- B. Narrative – emphasis is on particulars of individual experience**

## **VI. WHOSE POINT OF VIEW AND VOICE ARE IMPORTANT?**

- A. Logico-scientific – the patient's point of view is subjective, therefore suspect; the patient's voice often disappears from the medical record**
- B. Narrative – the patient's point of view is subjective, therefore essential to help the physician develop an empathic stance toward the patient**

## **VII. WHAT IS THE PROPER RELATIONSHIP BETWEEN CLINICIAN AND PATIENT?**

- A. Logico-scientific – Emphasis is on objective stance, detachment, distance**
- B. Narrative – requires emotional engagement and participation in the event**

## **VIII. THE CRAFT AND ARTISTRY OF LITERATURE**

- A. Because of its craft, literature can articulate insights and feelings in ways that often the rest of us ordinary people, including our patients, cannot**
- B. Gives voice to what is submerged and suppressed**
- C. Defamiliarizes the familiar (helps us see familiar experiences, like our 500<sup>th</sup> newly diagnosed diabetic patient, in new ways)**

## **IX. THE DIFFERENT ASSUMPTIONS AND INTERESTS OF LITERATURE**

- A. Goal is storytelling, not differential diagnosis: so reminds us of the patient's story**
- B. Emphasis is on character and relationships, not on treatment: so gets us to think about the effects of treatment on the person and on her relationships with others**
- C. Orientation is toward discovery of meaning, not problem-solving: so reminds us to investigate the meaning to the patient of the solutions we suggest**

## **X. THE SAFETY OF LITERATURE**

- A. In psychodynamic terms, literature can be viewed as a transitional object**
- B. The playpen effect**
- C. Helps us reconnect to a state of child-like wonder and openness**
- D. Lack of clinical responsibility**

## **XI. WHAT IMPORTANT CLINICAL SKILLS CAN LITERATURE HELP US DEVELOP?**

- A. Develops creative imagination and curiosity**
- B. Gives us empathy for multiple perspectives (dr, pt, nurse, orderly, family)**
- C. Encourages us to risk emotional connectivity and engagement**
- D. Reminds us of whole person understanding**
- E. Teaches skills of close "textual" reading; similar to paying close attention to patients**
- F. Stimulates reflection on experience, what we might have done differently, how we would act**

## **XII. SIMILARITIES BETWEEN CLINICIANS AND POETS**

- A. Struggle against mortality and death**
- B. Create order from chaos**
- C. Relief of suffering**
- D. Concern with healing**
- E. Combine emotional distance (steadiness) with emotional engagement (tenderness)**

## **XIII. POINT OF VIEW WRITING: DEFINITION**

- A. Adopts the patient's point of view**
- B. Describes key life events and clinician-patient encounters.**

## **XIV. POINT OF VIEW WRITING: TECHNIQUE**

- A. Select a patient on basis of perceived difficulty or highly charged affect**

- B. Commit to 10 minutes of writing time**
- C. Write in the first person voice (“I”), relating the patient’s perspective, thoughts, feelings about a recent clinician-patient encounter, illness episode, or other major life event**
- D. Use information actually known about the patient from past encounters, but also try to imagine aspects of the patient’s life that are unknown**

**XV. POINT OF VIEW WRITING: PURPOSE**

- A. To develop increased understanding of and empathy for the patient’s situation.**
- B. To encourage playful, imaginative, and creative thinking about patients**
- C. To stimulate compassionate curiosity about and greater appreciation for patients**
- D. To decrease feelings of frustration, irritation, anger, and helplessness toward patients**
- E. To develop innovative strategies for patient interaction and management**